

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 1480

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

TEAM JOSH 2022

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLAHA, LINDA, ANN, ,

Mailing Address 16518 CLIFTON BLVD

City  
LAKEWOODState  
OHZip Code  
44107-2341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 08    | 18    | 2021        |

Transaction ID : A43116CA64CDA494EBB5

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2021

☐ Primary ☐ General  
☒ Other (specify) ▼  
 ANNUAL

Aggregate Year-to-Date ▼

1731396.17

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 08    | 18    | 2021        |

Transaction ID : A76118F6D66444FEFB77

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLANCHARD, JOHN, D., ,

Mailing Address PO BOX 241402

City  
MONTGOMERYState  
ALZip Code  
36124-1402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ASCENT RESIDENTIAL, LLCOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

|       |       |             |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 07    | 16    | 2021        |

Transaction ID : A8F2C5B0EC8E84692ADF

Amount of Each Receipt this Period

2900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

2925.00

TOTAL This Period (last page this line number only)..... ▶